

2102  
1025

## CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

OF DEATH  
AND  
RESIDENCEIDENT  
SONAL  
ATAAUSE  
OF  
EATH  
EM 18)ATIONS,  
TOPSYDICAL  
FICATIONDEATH  
DUE TO  
EXTERNAL  
VIOLENCEONER'S  
FICATIONNERAL  
ECTOR  
AND  
ISTRAR

1. PLACE OF DEATH A. COUNTY <b>Maricopa</b>		B. LENGTH OF STAY IN THIS TOWN <b>19 yrs.</b> IN ARIZONA <b>19 yrs.</b>		2. USUAL RESIDENCE A. STATE <b>Arizona</b>		B. COUNTY <b>Maricopa</b>			
C. CITY OR TOWN <b>Phoenix</b>		<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <b>Phoenix</b>		<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS			
D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <b>Maricopa County General Hospital</b>				D. STREET (IF RURAL, GIVE LOCATION) ADDRESS <b>1847 E. Buchanan</b>		E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (TYPE OR PRINT) <b>HANNAH</b>		A. (FIRST) <b>JANE</b>		C. (LAST) <b>COLE</b>		4. SEX <b>Female</b>			
5. NAME OF SPOUSE <b>None</b>		7. DATE OF BIRTH MONTH <b>Nov</b> DAY <b>28</b> YEAR <b>1888</b>		8. AGE (IN YEARS) LAST BIRTHDAY <b>71</b>		9. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) <b>House wife</b>			
9B. KIND OF BUSINESS OR INDUSTRY <b>At home</b>		10. BIRTHPLACE (STATE OF FOREIGN COUNTRY) <b>Texas</b>		11. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) <b>Unk.</b>			
14A. FATHER'S NAME <b>Thomas Albert Eppler</b>		14B. BIRTHPLACE (STATE OR COUNTRY) <b>Arkansas</b>		15A. MOTHER'S MAIDEN NAME <b>Mary Ester Williams</b>		15B. BIRTHPLACE (STATE OR COUNTRY) <b>Texas</b>			
16. INFORMANT'S SIGNATURE <b>Mr. Ralph O. Cole, (son) Phoenix, Arizona</b>				17. DATE OF DEATH (MONTH) <b>MARCH</b> (DAY) <b>16th</b> (YEAR) <b>1960</b>		13. SOCIAL SECURITY NO. <b>Unk.</b>			
18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C).  THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.  PLACE DISEASE CONTRACTED.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) <b>Myocardial infarction</b> DUE TO (B) _____ DUE TO (C) _____ II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. <b>Diabetes mellitus</b>						INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <b>March 3rd, 1960</b> TO <b>March 16th, 1960</b> THAT I LAST SAW THE DECEASED ALIVE ON <b>March 16th, 1960</b> AND THAT DEATH OCCURRED AT <b>1:30 P.</b> M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.									
22A. SIGNATURE <b>John R. Hare</b>		(DEGREE OR TITLE) <b>M.D.</b>		22B. ADDRESS <b>3435 W. Durango, Phoenix, Ariz.</b>		22C. DATE SIGNED <b>3-16-60</b>			
23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY)		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		23C. (CITY OR TOWN) (COUNTY) (STATE)					
23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY <b>M</b>		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR?					
24A. CORONER'S SIGNATURE				24B. ADDRESS		24C. DATE SIGNED			
25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE <b>March 19th, 1960</b>		25C. NAME OF CEMETERY OR CREMATORY <b>Greenwood Memorial Park</b>		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <b>Phoenix, Arizona</b>			
26A. DATE REC. BY LOCAL REG. <b>3/19/60</b>		26B. REGISTRAR'S SIGNATURE <b>Charles Johnston</b>		26C. FUNERAL DIRECTOR'S SIGNATURE <b>D. Lee Moore</b>		27B. ADDRESS <b>333 W. Adams St.</b>			
28A. EMBALMER'S SIGNATURE				28B. EMBALMER'S CERT. NO.		28C. MORTUARY			